

22386 U.S. PTO  
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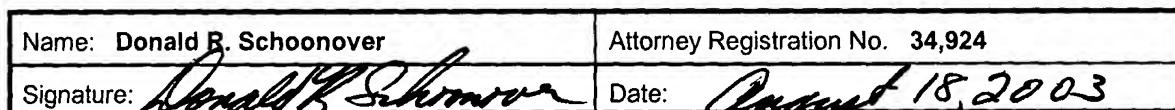
[+]

<b>UTILITY PATENT APPLICATION TRANSMITTAL</b>	Attorney Docket No. 1823870
	Inventors: Larry D. Long, 215 S. Fulton Street, Avon, Illinois 61415 and Terry L. Sturgeon, 5341 Summit, Bartonville, Illinois 61607
	Title: FLYING CAR

To: <b>Assistant Commissioner for Patents</b> <b>Box PATENT APPLICATION</b> <b>Washington, D.C. 20231</b>
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APPLICATION ELEMENTS	ACCOMPANYING APPLICATION PARTS
<input checked="" type="checkbox"/> Fee Transmittal Form PTO/SB/17 (In duplicate)	<input checked="" type="checkbox"/> Information Disclosure Statement, including Form PTO-1449 and copies of <u>7</u> references.
<input checked="" type="checkbox"/> Applicant claims small entity status.	<input checked="" type="checkbox"/> Check No. _____ in the amount of <u>\$ 375.00</u> .
<input checked="" type="checkbox"/> Specification, claims & abstract (20 pp.)	<input checked="" type="checkbox"/> Return Receipt Postcard.
<input checked="" type="checkbox"/> Drawings, showing Figs. 1 thru 12 (6 p.)	
<input checked="" type="checkbox"/> Combined Declaration and Power of Atty	

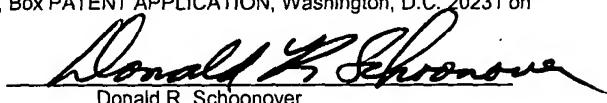
Customer Number is: <b>022824</b>	
Correspondence Address is: <b>Donald R. Schoonover</b> <b>4211 Rolling Hills Drive</b> <b>Nixa, Missouri 65714-8771</b> <b>USA</b>	
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Name: <b>Donald R. Schoonover</b>	Attorney Registration No. <b>34,924</b>
Signature: 	Date: <b>August 18, 2003</b>

**CERTIFICATE OF MAILING UNDER 37 C.F.R. § 1.8**

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail or priority mail in an envelope addressed to Assistant Commissioner for Patents, Box PATENT APPLICATION, Washington, D.C. 20231 on

August 18, 2003.

  
Donald R. Schoonover

# UTILITY FILING FEE TRANSMITTAL

Attorney Docket No. 1823870	
Inventors: Larry D. Long et al	
[X] Applicant claims small entity status.	
Total Amount of Payment: \$ <u>375.00</u>	

METHOD OF PAYMENT	FEE CALCULATION (continued)																																																												
<p>[X] Check No. <u>1740</u></p> <p>The Commissioner is authorized to credit any overpayments or charge any additional fee(s) during the pendency of this application to Deposit Account No. <b>50-0961</b></p>	<p><b>2. EXTRA CLAIM FEES</b></p> <table> <thead> <tr> <th colspan="4"></th> <th><u>Fee Paid</u></th> </tr> </thead> <tbody> <tr> <td colspan="4">Total Claims 1 - 20 = 0.00 X 9 = 0.00</td> <td></td> </tr> <tr> <td colspan="4">Independent Claims 1 - 3 = 0.00 X 42 = 0.00</td> <td></td> </tr> <tr> <td colspan="4"></td> <td><u>Fee Description</u></td> </tr> <tr> <td colspan="4">Large Entity   Small Entity</td> <td></td> </tr> <tr> <td>Fee</td> <td>Fee</td> <td>Fee</td> <td>Fee</td> <td></td> </tr> <tr> <td>Code</td> <td>(\$)</td> <td>Code</td> <td>(\$)</td> <td></td> </tr> <tr> <td>1202</td> <td>18</td> <td>2202</td> <td>9</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>84</td> <td>2201</td> <td>42</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td colspan="4"></td> <td><u>SUBTOTAL (2) \$ 0.00</u></td> </tr> </tbody></table>					<u>Fee Paid</u>	Total Claims 1 - 20 = 0.00 X 9 = 0.00					Independent Claims 1 - 3 = 0.00 X 42 = 0.00									<u>Fee Description</u>	Large Entity   Small Entity					Fee	Fee	Fee	Fee		Code	(\$)	Code	(\$)		1202	18	2202	9	Claims in excess of 20	1201	84	2201	42	Independent claims in excess of 3					<u>SUBTOTAL (2) \$ 0.00</u>										
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SUBMITTED BY:		
Name: Donald R. Schoonover	Reg. No. 34,924	Telephone: (417)724-2188
Signature: 	Date: <u>August 18, 2003</u>	

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